



**State of Connecticut
Office of Health Care Access
Letter of Intent/Waiver Form
Form 2030**

RECEIVED
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CONNECTICUT OFFICE OF
HEALTH CARE ACCESS

All Applicants must complete a Letter of Intent (LOI) form prior to submitting a Certificate of Need application, pursuant to Sections 19a-638 and 19a-639 of the Connecticut General Statutes and Section 19a-643-79 of OHCA's Regulations. Please submit this form to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

SECTION I. APPLICANT INFORMATION

If there are more than two Applicants, please attach a separate sheet of paper and provide additional information in the format below.

	Applicant One	Applicant Two
Full legal name	Waterbury Hospital	
Doing Business As		
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	64 Robbins Street Waterbury, CT 06721	
Applicant type (e.g., profit/non-profit)	Non-Profit	
Contact person, including title or position	Colleen Scott Vice President of Finance	
Contact person's street mailing address	64 Robbins Street Waterbury, CT 06721	
Contact person's phone # Fax # e-mail address	203-573-7280 203-573-7325 cscott@wtbyhosp.org	

SECTION II. GENERAL APPLICATION INFORMATION

a. Proposal/Project Title:

RESPONSE: WATERBURY HOSPITAL OUTPATIENT SERVICES CENTER

b. Type of Proposal, please check all that apply:

- ☒ Change in Facility (F), Service (S) or Function (Fnc) pursuant to Section 19a-638, C.G.S.:
- | | | |
|--|--|--|
| <input type="checkbox"/> New (F, S, Fnc) | <input type="checkbox"/> Replacement | <input type="checkbox"/> Additional (F, S, Fnc) |
| <input type="checkbox"/> Expansion (F, S, Fnc) | <input checked="" type="checkbox"/> Relocation | <input type="checkbox"/> Service Termination |
| <input type="checkbox"/> Bed Addition | <input type="checkbox"/> Bed Reduction | <input type="checkbox"/> Change in Ownership/Control |
- ☒ Capital Expenditure/Cost, pursuant to Section 19a-639, C.G.S.:
- ☒ Project expenditure/cost cost greater than \$ 1,000,000
- ☐ Equipment Acquisition greater than \$ 400,000
- | | | |
|----------------------------------|---|--|
| <input type="checkbox"/> New | <input type="checkbox"/> Replacement | <input type="checkbox"/> Major Medical |
| <input type="checkbox"/> Imaging | <input type="checkbox"/> Linear Accelerator | |
- ☐ Change in ownership or control, pursuant to Section 19a-639 C.G.S., resulting in a capital expenditure over \$1,000,000

c. Location of proposal (Town including street address):

RESPONSE: Waterbury/Middlebury Line (exact address to be determined).

d. List all the municipalities this project is intended to serve:

RESPONSE: The Waterbury Hospital primary service area of Beacon Falls, Bethlehem, Cheshire, Middlebury, Naugatuck, Prospect, Southbury, Thomaston, Watertown, Waterbury, Wolcott and Woodbury.

e. Estimated starting date for the project: November, 2006.

f. Type of project: 22, 25 (Fill in the appropriate number(s) from page 7 of this form)

Number of Beds (to be completed if changes are proposed)

Type	Existing Staffed	Existing Licensed	Proposed Increase (Decrease)	Proposed Total Licensed
Not Applicable				

SECTION III. ESTIMATED CAPITAL EXPENDITURE INFORMATION

a. **Estimated Total Capital Expenditure:** \$ 2,640,115

b. **Please provide the following breakdown as appropriate:**

Construction/Renovations	\$1,425,000
Medical Equipment (Purchase)	
Imaging Equipment (Purchase)	\$1,065,115
Non-Medical Equipment (Purchase)	\$150,000
Sales Tax	
Delivery & Installation	Included in above
Total Capital Expenditure	\$2,640,115
Fair Market Value of Leased Equipment	
Total Capital Cost	\$2,640,115

Major Medical and/or Imaging equipment acquisition:

Equipment Type	Name	Model	Number of Units	Cost per unit
Fluoroscopy	GE	Precision 500D	1	\$434,475
General X Ray	Quantum	Odyssey	1	\$55,890
CR	Konica	Regis	1	\$76,500
Mammography-digital	GE	Senographe 2000D	1	\$498,250
Nuclear Medicine	Forte	SPEC camera	1	\$0 moving owned equipment
Ultrasound	Siemens	Aspen	1	\$0 moving owned equipment
EKG	Marquette	Mac 8	1	\$0 moving owned equipment

Note: Provide a copy of the contract with the vendor for major medical/imaging equipment.

RESPONSE: See vendor contracts as Attachment 1.

c. Type of financing or funding source (more than one can be checked):

- ☒ Applicant's Equity ☐ Lease Financing ☐ Conventional Loan
☐ Charitable Contributions ☐ CHEFA Financing ☐ Grant Funding
☐ Funded Depreciation ☐ Other (specify): _____

SECTION IV. PROJECT DESCRIPTION

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

See attached.

If requesting a Waiver of a Certificate of Need, please complete Section V.

SECTION V. WAIVER OF CON FOR REPLACEMENT EQUIPMENT

I may be eligible for a waiver from the Certificate of Need process because of the following:
(Please check all that apply)

- ☐ This request is for Replacement Equipment.
- ☐ The original equipment was authorized by the Commission/OHCA in Docket Number: _____.
- ☐ The cost of the equipment is not to exceed \$2,000,000.
- ☐ The cost of the replacement equipment does not exceed the original cost increased by 10% per year.

Please complete the attached affidavit for Section V only.

Not applicable.

AFFIDAVIT

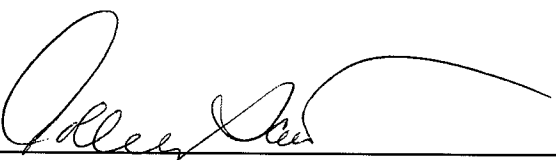
Applicant: Waterbury Hospital

Project Title: Waterbury Hospital Outpatient Services Center

I, Colleen Scott, CFO
(Name) (Position – CEO or CFO)

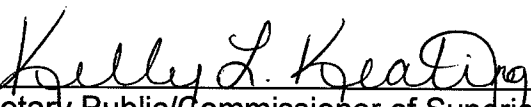
of Waterbury Hospital being duly sworn, depose and state that the
information provided in this CON Letter of Intent/Waiver Form (2030) is true and accurate to
the best of my knowledge, and that Waterbury Hospital complies with the appropriate and
(Facility Name)

applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486
and/or 4-181 of the Connecticut General Statutes.


Signature

December 9, 2005
Date

Subscribed and sworn to before me on December 9, 2005


Notary Public/Commissioner of Superior Court

My commission expires: August 31, 2009

Project Type Listing

Please indicate the number or numbers of types of projects that apply to your request on the line provided on the Letter of Intent Form (Section II, page 2).

Inpatient

1. Cardiac Services
2. Hospice
3. Maternity
4. Med/ Surg.
5. Pediatrics
6. Rehabilitation Services
7. Transplantation Programs
8. Trauma Centers
9. Behavioral Health (Psychiatric and Substance Abuse Services)
10. Other Inpatient

Outpatient

11. Ambulatory Surgery Center
12. Birthing Centers
13. Oncology Services
14. Outpatient Rehabilitation Services
15. Paramedics Services
16. Primary Care Clinics
17. Urgent Care Units
18. Behavioral Health (Psychiatric and Substance Abuse Services)
19. MRI
20. CT Scanner
21. PET Scanner
22. Other Imaging Services
23. Lithotripsy
24. Mobile Services
25. Other Outpatient
26. Central Services Facility

Non-Clinical

27. Facility Development
28. Non-Medical Equipment
29. Land and Building Acquisitions
30. Organizational Structure (Mergers, Acquisitions, Affiliations, and Changes in Ownership)
31. Renovations
32. Other Non-Clinical

ATTACHMENT – Project Description

- 1. Currently what types of services are being provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.**

RESPONSE: The Hospital's license is herewith attached as Attachment 2. Waterbury Hospital currently provides the following:

- General X-ray
- Fluoroscopy
- Mammography
- Bone Densitometry
- Interventional Services
- Nuclear Medicine
- Ultrasound
- CT Scan
- Pre-admission testing services (General X-ray, autologous blood donation, blood drawing, EKG)

- 2. What types of services are being proposed and what DPH licensure categories will be sought, if applicable?**

RESPONSE: Waterbury Hospital is seeking authorization to move outpatient radiology and pre-admission testing services off campus in an effort to offer a more accessible and appropriate setting for its existing patients. Wherever possible, existing Hospital equipment would be moved. Certain equipment would need to be purchased to ensure that necessary imaging modalities remain available at the Hospital for emergency patients and inpatients.

The DPH licensure would be as an acute care hospital satellite facility.

- 3. Who is the current population served and who is the target population to be served?**

RESPONSE: The current population served is drawn from the primary service area identified in Section II. The target population is from the same area.

- 4. Identify any unmet need and how this project will fulfill that need.**

RESPONSE: Currently Waterbury Hospital patients in need of outpatient services face difficulty with parking, building access (for those with physical limitations) and scheduling. In addition, as the demand for emergency radiology services increases, outpatients face delays as more critical patients take scheduling priority. As Hospital admissions increase, inpatients are faced with having radiological exams at inopportune times of day, such as 11:00 p.m.

5. Are there any similar existing service providers in the proposed geographic area?

RESPONSE: Other providers of outpatient radiology services in the primary service area include Imaging Partners, Valley Imaging Partners, Greater Waterbury Imaging Center, Diagnostic Radiology Associates, St. Mary's Hospital and Naugatuck Valley Radiological Associates and Housatonic Valley Radiology. Pre-admission testing services take place at St. Mary's Hospital.

6. What is the effect of this project on the health care delivery system in the State of Connecticut?

RESPONSE: The proposal would enhance the health care delivery system in the State of Connecticut as it would improve access to procedures that are sought every day by patients. As the population in Waterbury ages and as demand for imaging services continues to grow, Waterbury Hospital patients' access and convenience will improve greatly. This would be both in terms of outpatients receiving their care in a more appropriate setting as well as inpatients receiving care in what would be a Hospital radiology department better able to meet their needs. Co-locating pre-admission testing is a sensible step, as the same General X-ray equipment would be utilized for these patients.

7. Who will be responsible for providing the service?

RESPONSE: Waterbury Hospital would provide the services. Diagnostic Radiology Associates, LLC, a private radiology practice, would provide the professional readings for radiological exams. Private practice cardiologists would provide professional readings for EKGs.

8. Who are the payers of this service?

RESPONSE: The petitioner anticipates a payer mix similar to the Hospital's payer mix today for these services. No patient will be denied service due to his or her inability to pay for the service.

GE Healthcare

Preliminary Proposal

To: WATERBURY HOSPITAL
64 ROBBINS ST
Waterbury, CT 06708

From: Michael Joseph Barron
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

GCKC3J.GCK01 Wednesday, November 30, 2005

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
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Precision 500D R&F

Base Systems

1	S0915KD	Precision 500D Base System with 16 Inch Image Intensifier and Integrated Digital	
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The Precision 500D Provides an Integrated Console and Display that Groups All System Controls and Indicators. The Console Consists of a Color Touch-Screen for Adjusting X-Ray Generation Controls and Digital Review and Filming Parameters.

o The Basic Package Features the Following:

- LFOV - 16/12/9/6 Inch Image Intensifier
- CCD Imaging System
- Digital Fluoroscopy 1024 x 1024 x 12-Bit Rapid Fluoro Frame Acquisition
- Digital Radiographic 1024 x 1024 x 12-Bit Single Frame or Rapid Acquisition: 1 to 7.5 FPS

The Precision 500D Table Includes:

- o Intelligent Digital Device (IDD) User Interface Located at the Carriage Tower. IDD Utilizes Graphical Electro-Luminescent (EL) Display Tilted at 35 Degrees in Conjunction with Other Controls for Complete System Control from Tableside.
- o Fluoro Carriage and Tower Provides Counterbalanced Support for Fluoro Tower, and Maxiray 100 Fluoroscopic Tube Assembly.
- o Fully Enclosed Steel Table Body for Radiation Protection
- o Tabletop is a Gray Laminate Measuring 72 x 213 Centimeters (28.5 x 83.9 Inches) and Provides the Following:
 - 500 Pounds(226 Kilogram) Patient in the Horizontal Position (static), 350 lbs. Patient in the Horizontal Position full tabletop movement, 300 pounds complete table movement with angulation
 - Motorized 8-Way Flat Tabletop

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- o Tableside Controls are Clustered Near the Center of the Table Body and are Protected from Spills with a One-Piece Silicon Rubber Cover. They Include:
 - Tabletop Motion
 - Tabletop Center
 - Angulation/Horizontal Stop Selector
 - Room Light Control
 - Digital Display of Table Angulation
- o The Collimator has Integrated Copper Spectral Filters in Following Thickness: None, 0.1, 0.2, and 0.3.
- o The Precision 500D System Comes with the Maxiray 100 Radiographic and Fluoroscopic Tube Under the Table. MX-100 Provides:
 - Focal Spot Sizes 0.6-1.0 Millimeters
 - Target Angle 12.5 Degrees
 - Maximum Voltage Rating 150 kVp
- o The Precision 500D Table Offers a Radiographic Receptor that Provides 114.6 Centimeters (57.0 Inches) of Tabletop Coverage. Reciprocating Bucky Grid. 36 lp/centimeter, 12:1 Ratio, FD 110 Centimeter Grid. Optional Pediatric Stationary High-Line Rate Grid is Available.
- o Standard Accessories Include:
 - Footrest
 - Patient Hand Grips
- o Exam Room 18" LCD Monitor
- o IQST Image Quality Signature Test
- o Remote Diagnostics and iLinq Compatible
- o English Operator Manual

- 1 S0910ZH LCD Control Room Monitor
- * 18 inch Flicker Free High Bright Monitor
 - * Space Saving Design
 - * Wall Box, All Required Cabling
 - * EMC Compliance Kit
 - * One Desktop Stand
 - * One Wall Mount Stand with articulating arm for easy positioning.

Tilt Options

- 1 S0915LB The Precision 500D 90/30 Radiographic and Fluoroscopic Table Tilt Option Offers:
- o Positioner Angulation from 88 Degrees Vertical to 30 Degrees Trendelenberg with Selectable Automatic Stop at Horizontal.

Generators

- 1 S0910WB The Precision 500D Features a High-Frequency 80kW Generator Integrated into a Single Space Savings Cabinet.
- o Computer Controlled System Manager and

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Control Modules for R&F Applications

- o Built in System Distribution Power Module and Circuit Breaker for Single Point Power Feed to Room Subsystems and "Brown Out" Protection
- o Millisecond Interrogation and Termination
- o Specs
 - 1000 mA at 80 kVp
 - 800 mA at 100 kVp
 - 640 mA at 125 kVp
 - 500 mA at 150 kVp

An Uninterruptible Power Supply (UPS) is Provided in the Main Systems Cabinet, to Provide Backup Power Required for the Proper Shutdown of Sensitive Computer Subsystems. In the Event of a Power Failure, the UPS has Sufficient Capacity to Keep the Required Subsystems Powered up for a Minimum of 10 Minutes.

The Following Subsystems are Supplied via UPS Power:

- o Integrated Console
- o Digital System
- o Ethernet Hub / Switch

Available in either 50 or 60-Hz Version.

Options and Accessories

- | | | |
|---|---------|---|
| 1 | S3926JC | Radiation Shield for RFX/SFX Tables |
| 1 | E7015DK | IVTM-120 12 Inch Monitor With X-Ray Cable Kit. |
| 1 | S3926BD | Head Clamp |
| 1 | S3926BA | Cassette Holder for Cross Table Cassette and Grid |
| 1 | S3926BG | Table Accessory Rack for use on all Tables. |

- | | | |
|---|---------|-------------------------|
| 1 | S2100KZ | System/VCR Cable Select |
|---|---------|-------------------------|

Cable Select

- | | | |
|---|---------|--|
| 1 | S2100JC | Longitudinal Rail Select for Mounting Monitor Suspension on Independent Rails. |
| 1 | S2100JF | XT Extension Select |

Other

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- 1 S0910ZP LCD Exam Room Reference Monitor
- o 18 inch Flicker Free High Bright Monitor
 - o Space Saving Design
 - o Wall Box, All Required Cabling
 - o EMC Compliance Kit
 - o One Desktop Stand
 - o One Wall Mount Stand with articulating arm for easy positioning.

- 1 E8015J Tempurmedic Precision Pad for R&F (Rectangular), 86 x 22 in.

GE has partnered with Tempurmedic to produce a 2 in. thick pad that improves patient comfort for long procedures. This mattress is designed for use in acute, sub-acute, and long-term care settings. It is a superior therapeutic adjunct that has been clinically demonstrated effective in supporting comprehensive plans of care intended to prevent and treat pressure ulcers. Healthcare facilities that have converted to this mattress have reported: significant reduction in wound incidence rates, desirable wound healing rates, and better patient comfort. This rectangular mattress is recommended for use in R&F environments, has a neutral gray color and measures 86 in. L x 22 in. W x 2 in T.

- 1 S2100KN Positioner Cable Select
- 1 S2100KP System/Table Cable Select
- 1 S2100KR System/Monitor Cable Select
- 1 S2100KS System/Positioner Cable Select
- 1 S2100KT System/UI Cable Select
- 1 S2100JL XT Cable Select

TOTAL NET EQUIPMENT SELLING PRICE

\$434,475.01

EQUIPMENT OPTIONS

- 1 S3812LF Tilting Vertical Bucky Stand with Grid \$14,500.00
- Includes:
- SG-120 Select Right or Left
 - Bucky
 - CSS Tray
 - Ion Chamber
 - 130cm/52in Focus Grid
 - 10:1 36 lines/cm
 - Carbon Fiber skins

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· Useful range 41cm - 190cm

1	S3812MF	Non-Tilting Vertical Bucky Stand with Grid Includes: · SG-80 Select Right or Left · Bucky · CSS Tray · Ion Chamber · 130cm/52in Focus Grid · 10:1 36 lines/cm · Carbon Fiber skins · Useful range 41cm - 190cm	\$12,200.00
1	S3928SA	Patient support (Lat Bar and hand grips) for SG-80 and SG-120 vertical bucky stands	\$2,800.00

PRICING PROPOSAL

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until January 29, 2006, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

"GE Company Proprietary and Confidential"

December 2, 2005

Waterbury Hospital
64 Robbins Street
Waterbury, CT 06708

QUANTUM Q-Rad DS-3 RADIOGRAPHIC SYSTEM

- QG-5000 DELUXE RADIOGRAPHIC GENERATOR "ODYSSEY HF"**
50 kW/ 150kV
Ultra High Frequency Power, 120kHz Plus
50 kW output
25 to 650 mA range
40 to 125 kV in 1 kV steps
mAs range: 0.025 - 800, (tube dependent)
Timer range: .001 - 6.3 seconds
"APR" Anatomical Programmed Radiography
Large LCD display for APR and technique selection, includes date/time feature
Self diagnostics, anode heat unit monitor, error messaging, auto shut off timer, RS232 port
Nominal input power 380 - 480 VAC, three phase
- R10-T140 X-RAY TUBE**
3" anode, 16 degree target angle, 90 degree arms
300,000 Heat Unit capacity
0.6 x 1.2 mm focal spot size
150 kVp, High speed rotor control
- R70-25 HIGH VOLTAGE CABLES**
One pair, 25 ft. long with Federal Terminals
- QS-550 DELUXE FLOOR MOUNTED TUBE STAND**
Floor mounted with 10' tracks
Longitudinal travel range of 98", vertical travel of 60.5"
Transverse travel range of 10", column: +/- 180 degrees
Tube angulation: +/- 135 degrees with detents at 0 and +/- 90 degrees
Multi-function deluxe handgrips with controls for horizontal , transverse and longitudinal movements
Cable concealment and management system
All locks release switch and auto-stop sensor for horizontal and vertical adjustments

Page 1 of 4

Waterbury Hospital
QMI DS-3 System
December 2, 2005

QS-55T TRUNNION RINGS: For tube head rotation of -20/+45 degrees with dual angle guides

QT-750 ELEVATING FLOAT TOP RADIOGRAPHIC TABLE

Low friction precision bearing movement
Tabletop length: 85" with 32" longitudinal travel
Transverse travel: 10"
Flat top design with low absorption material and patient weight capacity of 650 lbs
Elevating range: 21" - 32.5" with collision avoidance electronics
Safety lock out control switch
FAIL-SAFE electromagnetic braking system
Recessed foot switches for all table movements with float top hand control switch
One set of adjustable patient handgrips

R30-17B BUCKY
17 X 17" reciprocating with multi-speed programmability

R20-1010M GRID
103 line, 10:1 ratio, 34-44" focal distance

R60-T-P DELUXE HEAVY DUTY CASSETTE TRAY
Accepts cassette sizes of 5 x 7" to 14 x 17"

QW-420 VERTICAL WALL STAND "VERTI-Q"
Single column structure
"EZ-Glide" hand control for easy and precise movement, grip rotates +90 degrees
Low absorption front cover material with cassette and AEC indicators
Vertical travel: 60.5" with minimum 13.75" Focal Spot to Floor distance
FAIL-SAFE electromagnetic braking system
Counterbalanced
Note: Specify right or left hand load

R30-17B BUCKY
17 X 17" reciprocating with multi-speed programmability

R20-1010L GRID
103 line, 10:1 ratio, 40 - 72" focal distance

PARKER X-RAY SOLUTION SERVICE, INC.
260 Governor Street, P.O. Box 280505, East Hartford, Connecticut 06128-0505

Waterbury Hospital
QMI DS-3 System
December 2, 2005

- R60-T DELUXE HEAVY DUTY CASSETTE TRAY**
Accepts cassette sizes of 5 x 7" to 14 x 17"
- R40-MC-P MANUAL COLLIMATOR (Progeny MC 150)**
Light localizer for accurate cassette and patient positioning
Automatic lamp timer
Includes swivel mount with 90 and 360 degree detents
40 – 72" SID cassette size scales
Integrated measuring tape
- R80-HS EXPOSURE HAND SWITCH**
2 Position with Retractable Coil and Holder
- RG-WM WALL MOUNT FOR GENERATOR**
- QW-HG30 OVERHEAD HANDGRIPS FOR WALL HOLDER**
- R80-AEC IONIZATION CHAMBER**
Three field for use with radiographic table
- R80-AEC IONIZATION CHAMBER**
Three field for use with radiographic table
- RG-AEC AUTOMATIC EXPOSURE CONTROL**
Electronics for Odyssey Generator

SYSTEM PRICE: \$55,890.00

PARKER X-RAY SOLUTION SERVICE, INC.
260 Governor Street, P.O. Box 280505, East Hartford, Connecticut 06128-0505

Waterbury Hospital
QMI DS-3 System
December 2, 2005

OPTIONS:

QG-150 150 kVp OUTPUT ADD: \$1,500.00

STAFF TRAINING (APPLICATIONS) IS INCLUDED.

WARRANTY: TWELVE MONTHS PARTS AND LABOR DURING NORMAL WORKING HOURS ON READER. TWENTY-FOUR MONTHS ON IMAGING PLATES AND CASSETTES.

A YEARLY SERVICE AGREEMENT BEYOND INITIAL WARRANTY IS AVAILABLE.

SITE PREPARATION AND INTERCONNECTING CABLES ARE THE RESPONSIBILITY OF THE CUSTOMER.

F.O.B.: Delivered.

PAYMENT TERMS: 20% Deposit, 70% Upon Delivery, Net Upon Installation.

Prices are based upon manufacturers current list price and may be subject to change. Add applicable sales tax.

ACCEPTED BY PURCHASER:

SUBMITTED BY:

Authorized Signature

Brian T. Roth

Title Date

Vice President
Title Date

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PARKER X-RAY SOLUTION SERVICE, INC.
260 Governor Street, P.O. Box 280505, East Hartford, Connecticut 06128-0505

We are pleased to submit this proposal for your consideration.

To: Waterbury Hospital
64 Robbins Street
Waterbury, CT 06708

Date: December 2, 2005
Attention: Carmen Serafino
Phone: (203) 573-7124
Fax: Frank Vensel (203) 573-6578

KONICA Xpress CR CLASS I PREMIUM SYSTEM

<u>Qty.</u>	<u>Catalog #.</u>	<u>Description</u>	<u>Unit Price</u>	<u>Total Price</u>
1	5900177	Xpress CR Class I Premium: DICOM Store DICOM Print 4 Cassettes of any size with Imaging Plates 1 Day application training DICOM Modality Worklist		\$76,500.00
1	5900194	Barcode Reader	\$900.00	
1	5907314	14x17" Cassette with Imaging Plate	\$1,400.00	
1	5900331	10x12" Cassette with Imaging Plate	\$840.00	
1	5813808	Cart for work station	\$1,900.00	

STAFF TRAINING (APPLICATIONS) IS INCLUDED.

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F.O.B.: Delivered.

PAYMENT TERMS: 20 % Deposit, 70 % Upon Delivery, Net Upon Installation.

Prices are based on manufacturer's current list price and may be subject to change. Add applicable sales tax.

ACCEPTED BY PURCHASER:

SUBMITTED BY:

Customer Signature

Brian T. Roth

Title

Date

Vice President

Title

Date

East Hartford (860) 528-7114

Fax (860) 289-6056

Toll Free 1-800-828-8935

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FOR INTERNAL GE USE ONLY**GE Healthcare****Preliminary Proposal**

To: WATERBURY HOSPITAL
64 ROBBINS ST
Waterbury, CT 06708

From: pam oneill
1400 Computer Drive
Westborough, MA 01581-5088
(508) 870-5200

FYYCER.FYY01 Tuesday, November 29, 2005

<u>Qty</u>	<u>Catalog#</u>	<u>Description</u>	<u>Price</u>
Senographe 2000D, CAD, printer			
1	S30321P	SENOGRAPHE 2000D (ONYX)	
1	S30321ZL	SENO ADV 2.0 W/ 2 LCD USA	
Miscellaneous			
1	NW6310BP	AA-102 ACCESSORY SHELF	
1	S30311AT	Pair of footpedals to control the motorized paddle compression.	
1	S30311AW	Pair of dual foot pedals which control both paddle compression vertical c-arm travel	
1	S30311PR	CR-Rom interchange for AWS, Seno 2000D	
QC tools			
1	S30321LN	Set of Plexiglas Plates	
1	S30321LM	Nuclear Assoc. Bar Pattern for QA analysis	
1	S30321ER	Quality assurance manual	
1	S30321EG	Senographe 2000D FDA Approval Labels	
Computer Aided Detection			
1	S30321NN	Computer Aided Detection on Senographe 2000D with CADx 2nd Look Digital. Includes license for one Acquisition Workstation (AWS).	

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CAD is Designed to Identify Areas, or "Regions of Interest", Showing Features Associated with Cancer on the Digital Image, that may Warrant a Second Review.

Dry Laser Camera

- 1 E8202KA Agfa Drystar 4500M for Digital Mammography

Training

- 2 W0500MM 3 Days MM TiP Onsite Training - 2000D
One 3 day onsite visit to coincide with install, Senographe 2000D. 8AM to 5PM, Monday through Friday.
- 2 W0002MM 2 Days MM TiP Onsite Training
Two Day MM Onsite Training provided from 8AM to 5PM, Monday through Friday.

TOTAL NET EQUIPMENT SELLING PRICE**\$498,242.96****PRICING PROPOSAL**

General Electric Company is pleased to submit this Pricing Proposal for budgetary purposes only. This Pricing Proposal will be valid until January 28, 2006, unless otherwise indicated herein. If you would like to place an order for the equipment listed herein, your GE Sales Representative will arrange for the preparation and submission to you of a formal GE Quotation, including applicable GE Terms and Conditions, Warranties, and Payment Terms, for your consideration. Only a formal GE Quotation may be used to create a binding order for this equipment. Upon request, your GE Sales Representative can also provide you with information concerning GE training, lease/finance and service agreement options.

"GE Company Proprietary and Confidential"

Department of Public Health

LICENSE

License No. 0060

General Hospital

In accordance with the provisions of the General Statutes of Connecticut Section 19a-493:

The Waterbury Hospital of Waterbury, CT, d/b/a The Waterbury Hospital is hereby licensed to maintain and operate a General Hospital.

The Waterbury Hospital is located at 64 Robbins Street, Waterbury, CT 06721

The maximum number of beds shall not exceed at any time:

357 General Hospital beds

36 Bassinets

This license expires September 30, 2007 and may be revoked for cause at any time.

Dated at Hartford, Connecticut, October 1, 2005. RENEWAL.

Satellites

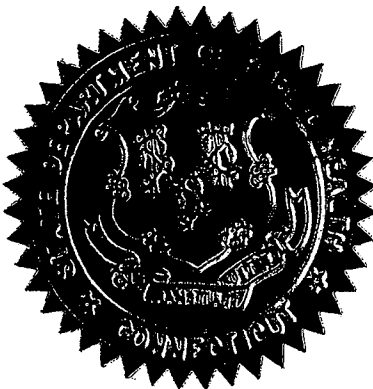
Adult Partial Hospital Outpatient Services, 88 Grandview Avenue, Waterbury, CT

Center For Geropsychiatry, 88 Grandview Avenue, Waterbury, CT

Adolescent Partial Hospital Outpatient Services, 88 Grandview Avenue, Waterbury, CT

West Main Behavioral Health Of Waterbury Hospital, 88 Grandview Avenue, 2nd Floor, Waterbury, CT

Be-Well Center, 495 Union Street, Waterbury, CT



J Robert Galvin M.D., M.P.H.

J. Robert Galvin, M.D., M.P.H.,
Commissioner